



Hospital Fiscal Report
 State Form 49520 (R2 /7-02)
 (Form approved by State Board of Accounts, 2000)

Status: Finalized

I. Identification of Organization

Hospital Name: INDIANA UNIVERSITY HEALTH TIPTON HOSPITAL

City of Hospital: Tipton

Year Begin: 01/01/2019 (mm/dd/yyyy format)

Year End: 12/31/2019 (mm/dd/yyyy format)

Person Completing the Report: Derek Tatter

Email Address: dtatter@iuhealth.org

Medicare Provider Number: 15-1311

Statement One: Summary of Revenue and Expenses

1. Gross Patient Service Revenue

Inpatient Patient Service Revenue	\$23562072
Outpatient Patient Service Revenue	\$81632751
Total Gross Patient Service Revenue	\$105194823

2. Deductions From Revenue

Contractual Allowance	\$62159966
Other Deductions	\$282446
Total Deductions	\$62442412

3. Total Operating Revenue

Net Patient Service Revenue	\$42752411
Other Operating Revenue	\$1042195
Total Operating Revenue	\$43794606

4. Operating Expenses

Salaries and Wages	\$11192359	Employee Benefits	\$2645099
Depreciation and Amortization	\$1750258	Interest Expense	\$702804
Bad Debt	\$1982525	Other Expenses	\$22718903
Total Operating Expenses	\$40991948		

5. Net Revenue and Expenses

Excess Revenue over Expenses	\$2802658	Total Assets	\$59466135
Net Non-operating Gains over Loss	\$1344567	Total Liabilities	\$59466135

Total Net Gains	\$4147225
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Statement Two: Contractual Allowance

Revenue Source	Gross Patient Revenue	Contractual Allowance	Net Patient Service Allowance
Medicare	\$57045702	\$38142672	\$18903030
Medicaid	\$10291307	\$8686149	\$1605158
Other Government	\$880346	\$634689	\$245657
Other State	\$0	\$0	\$0
Other Payers	\$36977469	\$16961425	\$20016044
Total	\$105194824	\$64424935	\$40769889

Statement Three: Donations Statement

	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Donations	\$0	\$209860	\$-209860

Statement Four: Research Statement

	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Research	\$0	\$0	\$0

Statement Five: Education Statement

Education of	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Medical Professionals	\$0	\$108525	\$-108525
Hospital Patients	\$0	\$0	\$0
Community Education	\$0	\$0	\$0

Number of Medical Professionals Trained	\$0
Number of Hospital Patients Educated	\$0
Number of Citizens Exposed to Health Education Messages	1791

Statement Six: Charity Statement

Hospital Charity Charges	\$1359795
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	Payments from Clients	Less Costs to Hospital	Unreimbursed Costs to Hospital
Charity Care	\$0	\$496189	
HCI Payments	\$0		
Subtotal	\$0	\$496189	\$-496189
Medicaid Shortfalls	\$1605180	\$4881629	
Subtotal	\$1605180	\$5377818	\$-3772638
DSH Payments	\$0		
Subtotal	\$1605180	\$5377818	\$-3772638
Medicare Shortfalls	\$14854844	\$14760124	
Other Government Programs	\$0	\$0	
Total	\$16460024	\$20137942	\$-3677918

Statement Seven: Subsidized Health Services for the Community

	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Community Programs	\$0	\$0	\$0
Community Assessment	\$0	\$0	\$0
Provision of Taxes	\$0	\$0	\$0
Other Allocations	\$0	\$0	\$0

Comments

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